BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Ellective October 1, 2000												
			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			30					RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		· /٥			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			9 minus 3 =		6			X40=		OR	X80=	480
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	
* If the difference in column 1 is			less than zero, enter "0" in column 2			olumn 2		TOTAL		OR	TOTAL	1370
	C	LAIMS AS A	MENDED - PART II							OTHER THAN		
		(Column 1)				(Column 3)	•	SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total 📐	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u>'</u>			=		X40=		OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM]	+135=		OR	+270=	
										OR	TOTAL ADDIT, FEE	
	•	(Column 1)	-	(Colu	mn 2)	(Column 3)		ADDIT. FEE	Shararaka Angerya Indo		ADDIT: I CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus .	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	=	┨	X40=		OR	X80=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						j	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	<u> </u>
الِّ	FIRST PRESENTATION OF MULTIPLE DEPENDEN						ָ ֡			OR		
	If the entry is colu	ımn 1 ie lees than t	ha antru in colu	ımn 2 wei	e "O" in co	dumn 3		+135=		OR	+270=	
` ••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1	The "Highest Nur	nber Previously Pa	id For" (Total o	r Indepen	dent) is the	e highest numb	er fo	und in the ap	propriate bo	x in co	lumn 1.	